Case: 2:24-mc-00003-EAS-EPD Doc #: 1 Filed: 01/22/24 Page: 1 of 14 PAGEID #: 1 $\mathbf{2}^{1}$ $\mathbf{2}^{1}$ $\mathbf{4}^{1}$ \mathbf{m} $\mathbf{0}$ $\mathbf{0}^{1}$

EXHIBITS SO HAT THEY WILL BE ON BELORD WITHIN FEDERAL TURIS DIRITION.

Aull Semllo 32°

JUDGE . SARGUS

MAGISTRATE JUDGE DEAVERS

U.S. DISTRICT COURT SOUTHERN DIST. OHIO EAST. DIV. COLUMBUS

CLERK OF COURT



70 21 09500001 43247254 FS Number: Date Filed:

OH00268110752 29 October 2022

10:10:29

lof 2 pages

UCC FINANCING STATEMENT

FOR FILING OFFICE USE ONLY

NAME OF CONTACT AT FILER:

Diallo- Kahri: Sewell©

PHONE NUMBER:

614-580-9857

EMAIL CONTACT AT FILER:

jacoleman10@outlook.com

SEND ACKNOWLEDGEMENT TO:

DIALLO KAHRI SEWELL®

3700 PRESERVE CROSSING BLVD

GAHANNA, OH

OHIO 43230

United States

DEBTOR INFORMATION

INDIVIDUAL'S SURNAME:

Diallo Kahri Sewell,

Trustee of the DIALLO

KAHRI SEWELL, Irrevocable Trust

01/2022

ADDITIONAL

NAME(S)/INITIAL(S):

DKS

SUFFIX:

MAILING ADDRESS:

3700 PRESERVE CROSSING BLVD

CITY: GAHANNA

STATE: OHIO

POSTAL 43230

CODE:

COUNTRY: United States

Diallo Kahri Sewell

SECURED PARTY INFORMATION

INDIVIDUAL'S SURNAME:

Diallo-Kahri: Sewell

FIRST PERSONAL NAME:

FIRST PERSONAL NAME:

Diallo Kahri Sewell©

ADDITIONAL

NAME(S)/INITIAL(S):

SUFFIX:

MAILING ADDRESS:

3700 PRESERVE CROSSING BLVD

CITY: GAHANNA, OH

STATE: OHIO

POSTAL 43230

COUNTRY: United States

CODE:

COLLATERAL INFORMATION

This financing statement covers the following collateral:

Case: 2:24-mc-00003-EAS-EPD Doc #: 1 Filed: 01/22/24 Page: 3 of 14 PAGEID #: 3

Collateral is:

Held in Trust

Being administered by a Decedent's Personal Representative

FILING TYPE

Transmitting Utility: Yes

Public Finance: No

Manufactured Home: No

Agriculture Lien: Yes

Non-Ucc Filling: No

ALTERNATIVE DESIGNATION

Lessee/Lessor: No

Consignee/Consignor: No

Seller/Buyer: No

Bailee/Bailor: Yes

Licensee/Licensor: No

MISCELLANEOUS:

Inquiring party(ies) shall resort to debtor or secured party herein stated to ascertain any financial relationship between the debtor and secured party. All property or collateral is exempt from levy. Common law copyright notice, Security Agreement and hold Harmless and Indemnity Agreement are herewith registered with the Ohio Secretary of State & UCC Filing Office, debtor, paper of Instruments any/ all documents are now public record and is owned by Secured Party. All collateral described and itemized in said Security Agreement is exempt from levy. adjustment of this filing is from HJR- 192, Public Law 73-10 and Title 31 USC5118 prohibits Banks/ Creditors from demanding and specific specie of payment, and UCC§§1-103,1-104, Debtor is a Transmitting Utility. The Secured Party accepts the Debtors signature in accordance with U.C.C.§§3-401, 1-201(39). Violation of any of my rights under the condition spell out in this filing form will grant secured party a security interest in all User's assets, land & personal property, In the sum of \$500,000.00 United States dollars per each occurrence as well as attorney fee's and court cost. in the event of a third party jointer there is a \$10,000.00 jointer fee associated with incident. this UCC Financing Statement include secured party family as well as mother and father interest as well, who I am legally responsible for there affairs making them exempt from levy under the terms of this agreement. Secured Party must be satisfied within 10 calendar upon dishonor via Certified Check.

secured party signature is his intellectual property and `Diallo Kahri Sewell, have the superior claim against all others and no one has any superior claim against my intellectual property or signature than myself.

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File No:

SR1112036

FS Number:

OH00268110752

Date Filed:

17 July 2023 08:37:21

UCC FINANCING STATEMENT AMENDMENT

FOR FILING OFFICE USE ONLY

NAME OF CONTACT AT FILER:

iames coleman

PHONE NUMBER:

614-984-7021

EMAIL CONTACT AT FILER:

iacoleman10@outlook.com

SEND ACKNOWLEDGEMENT TO:

James Coleman 6900 Madaket Circle

Reynoldsburg

OHIO 43068

United States

COLLATERAL CHANGE

INITIAL FINANCING STATEMENT FILE NUMBER: 0H00268110752

Type of Collateral: Add Collateral

Indicate Collateral:

violation of any of my rights under the condition spell out in this filing form will grant secured party a security interest in all User's assets, land & personal property in the sum of \$500,000.00 dollars United States dollars per each occurrence as well as attorney fee's and court cost. In the event of a third party jointer there is a \$10,000.00 jointer fee associated with the incident.

NAME OF THE PARTY AUTHORIZING THIS AMENDMENT

Authorized By Existing Secured Party

INDIVIDUAL'S SURNAME:

Diallo-Kahri: Sewell

FIRST PERSONAL NAME:

Diallo Kahri Sewell@

ADDITIONAL

SUFFIX:

NAME(S)/INITIAL(S):

MAILING ADDRESS:

3700 PRESERVE CROSSING BLVD

CITY: GAHANNA, OH

STATE: OHIO

POSTAL 43230

CODE:

COUNTRY: United States

MISCELLANEOUS:

Anyone refuting any of the aforementioned and or the following issues must do so on the public record, in writing, by way of sworn affidavit under penalties of an assessment of \$100,000.00 for each issue and occurrence of perjury/false and misleading information, and or unproven misleading statements/assertions. No other refuting documents will be accepted. Failure to respond within 21 days will be agreement and estoppel. The Grantor does not waive any rights of the legal person/Legal-Name and or of JOHN DOE (or any variation thereof) or of The Grantor. The numose of this paragraph are to demand the written delegated authority to administrate the

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose 5104376

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

DIALLO KAHRI SEWELL

and, that said business records show the filing and recording of:

Document(s)

FICTITIOUS NAME REGISTRATION

Effective Date: 08/30/2023

Document No(s):

202324203734



United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 31st day of August, A.D. 2023.

Ohio Secretary of State

Fil Len

The Secured party signature is his intellectual property and DIALLO KAHRI SEWELL, have the superior claim against all others and no one has any superior claim against my intellectual property/ legal fiction or signature than myself. UCC Financing Statement OH00268110752 cover violation fee's.

Description

DIVITO KYHBI SEMELIZEMELL DIVITO KAHBI/DIVILO K. SEWELL

THIS

Business > Business correspondence

Category

Yes

Sole Author

2023-07-16 23:16:27

Received on

Copyright number

Case: 2:24-mc-00003-EAS-EPD Doc #: 1 Filed: 01/22/24 Page: / of 14 PAGEID #: /





To:

-- Secretary of State of Ohio,

-- Your State Registrar (Jeffrey D. Mackey)

-- Secretary of State of Ohio Frank LaRose c/o Office of the Secretary 22 North Fourth Street Columbus, OH 43215

AFFIDAVIT OF OWNERSHIP

State of Ohio)		
)	SS.	
County of Franklin)

Re: Birth Certificate

l, the undersigned, of lawful age and being first duly sworn on oath, depose and state that I am familiar with the facts recited, and the party named in said Birth Certificate is the same party as one of the owners named in said certificate of title.

I, DIALLO KAHRI SEWELL, (heretofore and hereinafter "Claimant") having attained the age of majority and reason under divine law competent first-hand witness to the truth and facts recited below, hereby makes a claim against the corpus, all property whether real or personal, tangible or intangible, all deposit accounts blocked by reason of presumption of death of Claimant, cash, credit lines, Credit default swap, all federal funds, collateralized debt obligation, options, derivates, and futures received by the said court in the said county, state and federal for the administration of the named estate, and all estates in agency, including but not limited to DIALLO KAHRI SEWELL or by whatsoever name the said estate shall be called or charged. I hereby declare under penalty of perjury that the above information is complete, correct, and true to the best of my knowledge. By (Diallo-Kahri:Sewell), Claimant

Authorized Representative: Diallo-Kahri:Sewell

Attachments:

Original Birth Certificate
Birth Certificate CUSIP Number

AFFIDAVIT/JURAT

United States of America State of Ohio Office of the Secretary of State

I. FRANK LAROSE, Secretary of State, do hereby certify that I am the duly elected, qualified and acting Secretary of State of the State of Ohio, and I further certify that

CHELSIL BUSH

a Notary Public who signed the attached document was commissioned as a Notary Public commencing on DECEMBER 6, 2022. The commission expires on DECEMBER 5, 2027.

This certification certifies only the authenticity of the signature of the official who signed the document, the capacity in which that official acted, and where appropriate, the identity of the seal or stamp, which the document bears. This certification does not imply that the contents of the document(s) are correct, nor that they have the approval of this office.



IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the official Seal of the Secretary of State of Ohio, at Columbus, Ohio, this day of August, 2023.

Frank LaRose
Secretary of State

This Affidavit Jurat pertains to the foregoing page titled: "AFFIDAVIT OF OWNERSHIP"

County YAYAND | A Notary Public do verified by my signature below, that the man/woman | A Notary Public do verified by my signature below, that the man/woman | Dayard |

Authorized Representative _ Diallo-Kahri:Sewell

thumbprint

Date: 1 - 202 Z

CHELSIE BUSH
Notary Public, State of Ohio
My Commission Expires

Come this day I Diallo-Kahri:Sewell Living (Man) under declaration of said Trust fully acknowledge The Registrar of Titles is authorized to receive for registration of memorials upon any outstanding certificate of title an official birth certificate pertaining to a registered owner named in said certificate of title showing the date of birth of said registered owner, providing there is attached to said birth certificate an affidavit of an affiant who states that he/she is familiar with the facts recited, stating that the party named in said birth certificate is the same party as one of the owners named in said certificate of title; and that thereafter the Registrar of Titles shall treat said registered owner as having attained the age of the majority at a date 18 years after the date of birth shown by said certificate. Furthermore, properly authenticated copies or transcripts of any books, records, or papers makes it on par with the original. I hereby gift transfer and convey this certificate of title to the Secured Party known as (DIALLO KAHRI SEWELL IRREVOCABLE TRUST) it shall remain perpetual everlasting forever. There being nothing further I hereby declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Diallo-Kahri:Sewell (Living Man)

22053399-1

United States of America



DEPARTMENT OF STATE

To all to whom these presents shall come, Greetings:

1 Certify That the document hereunto annexed is under the Seal of the Secretary of State of the State(s) of Ohio, and that such Seal(s) is are entitled to full faith and credit.*

*For the contents of the annexed document, the Department assumes no responsibility. This certificate is not valid if it is removed or altered in any way whatsoever.

In testimony whereof, I, Antony J. Blinken, Secretary of State, have hereunto caused the seal of the Department of State to be affixed and my name subscribed by the Assistant Authentication Officer, of the said Department, at the city of Washington, in the District of Columbia, this twenty-fourth day of August, 2022.

Textical prostation to CITATY State of Sept. 15, 1789, 1 Stat. 68-69, 22 4 SC 2657, 22USC 2651a, 5-1 SC 301, 28 USC 1733 et seq., 8 1 SC 1411(a), RULE 44 Lederal Rules of Civil Procedure Secretary of State

Assistant Authentication Officer, Department of State

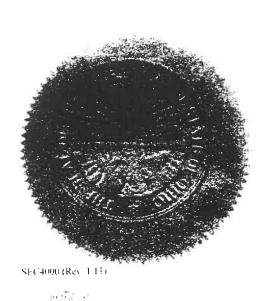
United States of America State of Ohio Office of the Secretary of State

I, FRANK LAROSE, Secretary of State, do

hereby certify that I am the duly elected, qualified and acting Secretary of State of the State of Ohio, and I further certify that TAWANDA M. WEEMS

is the appointed and acting Registrar of the Division of Vital Statistics, Department of Health, for the city of AKRON, State of Ohio, and is the legal custodian of records such as the attached Certification of BIRTH. All official acts are entitled to full faith and credit.

This certification certifies only the authenticity of the signature of the official who signed the document, the capacity in which that official acted, and where appropriate, the identity of the seal or stamp, which the document bears. This certification does not imply that the contents of the document(s) are correct, nor that they have the approval of this office.



IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the official Seal of the Secretary of State of Ohio, at Columbus, Ohio, this 11th day of July, 2022.

Frank LaRose
Secretary of State

_ 4n.54

TO VIEW

Case: 2:24-mc-00003-EAS-EPD Doc #: 1 Filed: 01/22/24-Page: 14 of 14 PAGEID #: 14

OHIO DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS 7701 Reg. Dist. No. CERTIFICATE OF LIVE BIRTH Primary Reg. Dist. No. Birth No. 134 DATE OF BIRTH (Month, Day, Jes -NAME Last SEWELL Diallo August 15, 1974 Kahri THIS BIRTH -Single, twin, triplet, etc. (Specify) if NOT SINGLE BIRTH -Born first, second, third, etc. (Specify) COUNTY OF BIRTH Male Single Summit 40 CITY, VILLAGE, OR LOCATION OF BIRTH INSIDE CITY LIMITS HOSPITAL—NAME (Specify yes or no) 5s. 16s. (If not in hospital, give street and number) Akron City Hospital MOTHER-MAIDEN NAME AGE (At time of this birth) 21 STATE OF BIRTH (If not in U.S.A., name country) Last Ohio Asenath Sistrunk MOTHER ób. RESIDENCE-STATE COUNTY INSIDE CITY LIMITS (Specify yes of no) STREET AND NUMBER CITY, VILLAGE, OR LOCATION Ohio 303 Crosby Street Summit Akron 7b. FATHER-NAME First Middle STATE OF BIRTH (If not in U.S.A., name country) AGE (At time of this birth) Last FATHER 24 South Carolina Martin Luther Sewell. INFORMANT'S NAME OR SIGNATURE RELATION TO CHILD Mother Asenath Sewell ATTENDANT -- M.D., D.O., midwife, other (specify) pr the place and time and on the date DATE SIGNED I certify that the above named child wa

Tawanda M. Weems Local Registrar

M.D.

(Street or R.F.D. No., City or Village, State, Zip)

DATE RECEIVED BY LOCAL REGISTRAR

Akron, Ohio

10c.

MAILING ADDRESS

JUL 05 2022

Jawanda M. Weena

I HEREBY CERTIFY THIS DOCUMENT IS AN EXACT COPY OF THE RECORD ON FILE WITH THE OHIO DEPARTMENT OF HEALTH.

OR PRINT IN PERMANENT INK

CERTIFIER

10a. SIGNATURE

CERTIFIER--NAME

REGISTRAR-SIGNATURE

Dr. Farris